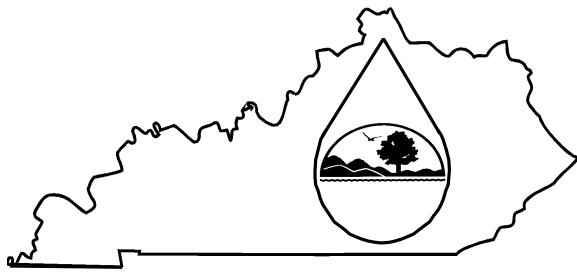


SHORT FORM B



Kentucky No Discharge
Operational Permit Application
for Agricultural Wastes
Handling System

For additional information, contact KPDES Branch, (502) 564-3410.

This is an application to:

1. Apply for a new operational permit
2. Apply for reissuance of expiring operational permit
3. Apply for a construction permit
(Attach design criteria)

(✓ one)

☐
☐
☐

KNDOP NUMBER (AGENCY USE ONLY)													
I. GENERAL INFORMATION													
Applicant Name:													
Mailing Address:													
City, State, Zip Code:													
Telephone No. + Area Code:													
II. FACILITY DESCRIPTION (Location)													
Facility Name													
Standard Industrial Classification (SIC) Code and Description: (Please check one)													
<input type="checkbox"/> 0241 – Dairy Farm <input type="checkbox"/> 0213 - Hog Farm <input type="checkbox"/> 0212 - Beef Farm <input type="checkbox"/> 0251 ,0252 – Poultry Farm <input type="checkbox"/> 0291 - Other													
Location Address													
City, State Zip Code													
County where facility is located:													
Attach a US Geological Survey 7 ½ minute quadrangle map for the site with the facility clearly marked. USGS maps may be obtained from the Economic Development Cabinet, Map Sales Office, 133 Holmes Street, Frankfort, KY 40601. Phone (502) 564-4715.													
Facility Latitude (d/m/s)								Facility Longitude (d/m/s)					

III. SOURCE AND DESTINATION OF WASTES

Indicate the number of animals the facility is currently supporting or has been planned to support in the Table below.

Type of Animals (include approximate live weight per animal)	Number of Animals
Total:	

Current or planned method of waste storage: (Holding Pond, Holding Tank, Stack Pad, etc.)	
Approximate number of acres available for land application of wastes:	
Comments:	

IV. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED OR TYPED NAME OF Person Signing	
TITLE	
DATE SIGNED	
SIGNATURE:	

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly RD, Frankfort, KY 40601. Questions should be directed to: KPDES Branch at (502) 564-3410.**

The Natural Resources and Environmental Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. For an alternate form of this application, contact the KPDES Branch, Division of Water.